

6.7

12/02/97

**ALBION-SHERIDAN TOWNSHIP LANDFILL
PRECONSTRUCTION MEETING
DECEMBER 4, 1997**

US EPA RECORDS CENTER REGION 5



467872

LOCATION: Site Trailer along Erie Road

TIME: 11:00 AM to 12:00 noon

PARTICIPANTS:

U.S. EPA (Earth Tech as EPA's representative)
OHM Remediation Services (Bill Poma)
Woodward-Clyde (John Seymour)
Woodward-Clyde (Cliff Yantz)

AGENDA:

Introductions

Overview of Scope of Work and Schedule for 1997

Roles and Responsibilities

- ⇒ Daily Reporting
- ⇒ Health & Safety Personnel, Meetings and Procedures
- ⇒ Drum Excavation Process
- ⇒ Drum Removal/Handling Process
- ⇒ Drum Sampling/Characterization
- ⇒ Drum Storage
- ⇒ Drum Transportation/Disposition
- ⇒ Decontamination Process
- ⇒ Truck Traffic Control
- ⇒ Quality Control

Work Scheduled for 1998

Meeting Minutes

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cc: C. Price
R. G. Giger

From: J. Seymour

FILE

607013-18

ACORD. CERTIFICATE OF INSURANCE						DATE (MM/DD/YY) 12/02/1997	
PRODUCER J&H MARSH & MCLENNAN OF OHIO, INC. 1301 EAST NINTH STREET SUITE 1800 CLEVELAND OH 44114 29680 - 00003 - C-NE				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
				COMPANIES AFFORDING COVERAGE			
				COMPANY A NATIONAL UNION FIRE INS. CO			
INSURED OHM CORPORATION SUB: OHM REMEDIATION SERVICES CORP. (NORTHEAST REGION) 18408 U.S. ROUTE 224 EAST FINDLAY OH 45830-0551				COMPANY B GULF INSURANCE COMPANY			
				COMPANY C AMERICAN INTERNATIONAL SPECIALTY LINES			
				COMPANY D INS. CO. OF THE STATE OF PENNSYLVANIA			
COVERAGES This certificate supersedes and replaces any previously issued certificate.							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY				GENERAL AGGREGATE	\$ 2,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GLB17-79-89	11/01/1997	11/01/1998	PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1,000,000	
	<input type="checkbox"/> OWNERS & CONTRACTORS PROT				EACH OCCURRENCE	\$ 1,000,000	
					FIRE DAMAGE (Any one fire)	\$ 1,000,000	
					MED EXP (Any one person)	\$ 10,000	
A	AUTOMOBILE LIABILITY	CAB33-52-72	11/01/1997	11/01/1998	COMBINED SINGLE LIMIT	\$ 1,000,000	
A	<input checked="" type="checkbox"/> ANY AUTO	CAB33-52-73 - TX	11/01/1997	11/01/1998	BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS						
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:		
					EACH ACCIDENT	\$	
					AGGREGATE	\$	
B	EXCESS LIABILITY	CU 5838935	11/01/1997	11/01/1998	EACH OCCURRENCE	\$ 5,000,000	
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$ 5,000,000	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$	
D	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	WC817-93-25	11/01/1997	11/01/1998	<input checked="" type="checkbox"/> STATUTORY LIMITS		
	<input type="checkbox"/> THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE				EACH ACCIDENT	\$ 1,000,000	
	<input checked="" type="checkbox"/> OTHER				DISEASE - POLICY LIMIT	\$ 1,000,000	
					DISEASE - EACH EMPLOYEE	\$ 1,000,000	
C	POLLUTION LIABILITY	CPO8194827	09/01/1997	11/01/1998	EACH CLAIM: \$1,000,000		
	POLLUTION E&O	EO8184828	09/01/1997	11/01/1998	AGGREGATE: \$1,000,000		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY HAVE BEEN REDUCED BY PAID CLAIMS AND MAY HAVE DEDUCTIBLES OR RETENTIONS) CERTIFICATE HOLDER(S) AND EACH OF THEIR OFFICERS, AGENTS AND EMPLOYEES, AND ANY OTHER PARTY WITH AN INSURABLE INTEREST DESIGNATED BY GROUP ARE INCLUDED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY POLICY AS THEIR INTERESTS MAY APPEAR ALL TO THE EXTENT OF CONTRACTOR'S INDEMNITY OBLIGATIONS AS RESPECTS PROJECT NO. 20374 - ALBION, MI. WAIVER OF SUBROGATION IN FAVOR OF THE ADDITIONAL INSURED(S) UNDER THE WORKERS COMPENSATION POLICY. SEE PG 2.							
CERTIFICATE HOLDER 199712020015446				CANCELLATION			
THE ALBION-SHERIDAN LANDFILL PRP GROUP AND (PLEASE SEE PAGE 2) ATTN: JOHN SEYMOUR C/O WOODWARD CLYDE CONSULTANTS 38777 WEST SIX MILE ROAD, SUITE 200 LIVONIA MI 48152				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
ACORD 25-9 (9/93) JOHN SEYMOUR				AUTHORIZED REPRESENTATIVE Michael D. La Pointe <i>Michael D. La Pointe</i> RECORD CORPORATION 1993			

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ADDITIONAL INFORMATION

DATE (MM/DD/YY)

12/02/1997

PRODUCER

J&H MARSH & MCLENNAN OF OHIO, INC.
1301 EAST NINTH STREET
SUITE 1800
CLEVELAND OH 44114

COMPANIES AFFORDING COVERAGE

COMPANY

COMPANY

29880 - 00003 - C-NE

INSURED

OHM CORPORATION
SUB: OHM REMEDIATION SERVICES CORP.
(NORTHEAST REGION)
18408 U.S. ROUTE 224 EAST
FINDLAY OH 45830-0551

COMPANY

COMPANY

TEXT

THE GENERAL LIABILITY POLICY IS PRIMARY PER POLICY FORM.

COOPER INDUSTRIES
P.O. BOX 4448
HOUSTON, TX 77210

CORNING INCORPORATED
ATTN: PAT MORRISEY, CORNING PROCUREMENT
HP-ME-01-100
CORNING, NY 14831

CERTIFICATE HOLDER

100712020015448

THE ALBION-SHERIDAN LANDFILL PRP GROUP
AND (PLEASE SEE PAGE 2)
ATTN: JOHN SEYMOUR
C/O WOODWARD CLYDE CONSULTANTS
38777 WEST SIX MILE ROAD, SUITE 200
LIVONIA MI 48152

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Johnson & Higgins**FAX Transmission****From:** Beverly Moore**Date:** 1997-12-02**To:** JOHN SEYMOUR**Time:** 13:16:23

THE ALBION-SHERIDAN LANDFILL

FAX #: 3134641823**Message:**

PLEASE SEE ATTACHED CERTIFICATE OF INSURANCE FOR OHM.

This facsimile copy is as valid as an original.